

To the Parents of: _____

The Family & Children's Services Division of the Human Services Agency wants to work with you to help your child have the smoothest transition into care that we can possibly offer.

You know your child better than anyone else. If you could share with us your child's health information (e.g. allergies, medications, etc), and simple tips (e.g. what your toddler likes to eat, what items they like to play with), etc., it will help us understand your child's needs better, and how best to meet your child's needs until he or she can safely return to your home and your care.

Please take a few minutes and complete the Toddler Health checklist attached. It will be given to the temporary caretaker of your child to help them help your child.

Making sure your child is safe, healthy, and happy is a goal we all share. Please give this checklist to the Social Worker in person, or in the enclosed envelope as soon as possible.

Thank you again for your help.

Protective Services Worker's Name

Worker Number

P.O. Box 7988
S.F. CA 94120

Phone Number

Date:



TODDLER HEALTH CHECKLIST (2-5 YEARS)

Child's Name: _____

Date of Birth: _____ - _____ - _____

MEDICAL

1. Does your child have any medical conditions? Yes No

If "Yes," please describe:

2. Does your child have any allergies, including any food allergies? Yes No

If "Yes," please describe:

3. Does your child take any medications, vitamins, other supplements, use any medical devices or supplies? Yes No If "Yes," please list as much as possible. (Type of medication, dosage, etc.) **PLEASE GIVE MEDICATIONS TO SOCIAL WORKER**

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

a) If "Yes," when was the last time you child took medications, used supplies or supplements? Please describe briefly.

4. Where do you take your child for medical care? List as much information as possible.

5. What city and hospital was your child born at?

City: _____ Name of Hospital: _____

6. Is mom taking any medications? (prescribed or street) Please list.

FEEDING

1. Is mom breastfeeding? Yes No If "Yes," **PLEASE GIVE THE SOCIAL WORKER THE EXPRESSED MILK.**

2. Child drinks ___ formula ___ whole milk

(a) Special kind ___ high calorie ___ lactose free ___ allergy ___ Brand: _____

(b) **PLEASE GIVE THE SOCIAL WORKER THE FORMULA CAN.**

(c) How do you mix the formula? _____

3. How often does your child take a bottle? _____

4. Type of bottle/nipple/cup used? _____

(a) **PLEASE GIVE SOCIAL WORKER THE BOTTLE/NIPPLE/CUP**

5. What types of child foods does your child eat? What's their favorite food?

TODDLER HEALTH CHECKLIST (2-5 YEARS)

FEEDING (cont'd)

6. Any food allergies? Yes No (a) If "Yes," does your child have any allergy medication or device like an epi-pen?

List info _____

(b) PLEASE GIVE SOCIAL WORKER THE ALLERGY MEDS AND/OR EPI-PEN

7. When did your child last eat and what was it? _____

TOILETING

1. Is your child potty trained? Yes No

2. Does your child have any allergies/sensitivities to products (cream, powder, wipes, gloves, etc.)? Yes No

If "Yes," describe:

What? _____

3. When was the last time your child went pee and poo? Pee: _____ Poo: _____

SLEEP

1. What is your child's typical sleep schedule?

(a) Typical length and time of daytime nap: _____

(b) What is your child's bedtime? _____

2. Does your child sleep through the night? Yes No

(a) If no, length of time at night between feedings: _____

3. What conditions or special things does your child need to sleep (night light, blanket, dark room, swaddling?)

_____ **PLEASE GIVE THE SOCIAL WORKER THESE SPECIAL THINGS.**

4. Does your child sleep alone or with parents/siblings? Alone Parent(s) Siblings

FEARS

1. What is your child scared of?

2. Do you have any routines to calm your child? Please describe:

LANGUAGE/COMFORT

1. What do you call your child (if not birth name)?

2. What language do you use with your child? : _____

3. Does your child use a pacifier? Yes No **IF "YES," PLEASE GIVE THE SOCIAL WORKER THE PACIFIER**

4. What is your child's favorite song? _____ What is your child favorite storybook? _____

PLEASE GIVE THE SOCIAL WORKER ANY BOOKS YOUR CHILD WOULD LIKE TO READ

5. **To reduce stress for your child, could you please give the social worker:**

(a) Item that smells like parent **(b)** any comfort item or any item your child needs (favorite stuffed animal/blankie, etc)

